	MULTIPLE DEPENDENT CLAIM				SERIAL NO.	FILING DATE	
	FEE CALCULATION SHEET				09/436,984	11-09-99	
	(FOR USE WITH FORM PTO-875)				APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP
1	1		1				51							
2	1		1				52							
3	1		1				53							
4	1		1				54							
5		4		1			55							
6		4		1			56							
7		4		1			57							
8		4		1			58							
9		3		2			59							
10		2		2			60							
11		2		2			61							
12		2		2			62							
13		4		5			63							
14		4		1			64							
15	1		1				65							
16		1					66							
17		1					67							
18		1					68							
19		1					69							
20		1					70							
21	1	4					71							
22	1						72							
23		1					73							
24		1					74							
25		1					75							
26		2					76							
27		2					77							
28		2					78							
29		1					79							
30		1					80							
31				1			81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98			•					
49							99							
50							100							
T TAL IND.	7		4				T TAL IND.							
TOTAL DEP.	69		15				TOTAL DEP.							
T TAL CLAIMS	76		19				TOTAL CLAIMS							